

**Bowling Green School District
 Gifted Program
 Screening/Testing & Evaluation Results For Grades 3-9**

Student's name: _____ Grade: _____

Student referred by: Teacher _____ Parent _____

Screening/ NNAT _____ OLSAT _____

Screening/testing date: _____

Student must qualify in *three out of four* identification criteria to be placed in the gifted program.

Criteria	Student Score	Standard met?
STAR Score >92%		
NNAT >92% OR OLSAT > 92		
Advanced MAP Score		
IQ Score of at least 125		

Further evaluation needed: HOPE scale rating: _____

_____ Qualifies

_____ Does Not Qualify

Date file completed by Gifted Program Coordinator _____

Comments:

